## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

15355838

| CLAIMS AS FILED - PAR<br>(Column 1)   |  |   |                       |                               | (Colu                       | SMALL ENTITY TYPE |                |              | OTHER THAN<br>OR SMALL ENTITY |            |                     |                        |
|---|--|---|-----------------------|-------------------------------|-----------------------------|-------------------|----------------|--------------|-------------------------------|------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | <u> </u>              |                               |                             |                   | RAT            | Έ            | FEE                           |            | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED          |                               | NUMBER EXTRA                |                   | BASIC          | FEE          | 375.00                        | OR         | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | i minus 20=           |                               | * -                         |                   | X\$ 9          | )=           |                               | OR         | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =           |                               | * -1                        |                   | X42            | =            |                               | OR         | X84=                |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT                |                               |                             |                   | +140           | )=           |                               | OR         | +280=               |                        |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter |                               | "0" in column 2             |                   | TOT            | AL           |                               | OR         | TOTAL               |                        |
|   | С  | LAIMS AS A                                | MENDED - PART II      |                               |                             |                   |                |              |                               | OTHER THAN |                     |                        |
| (Column 1)  |  |   |                       | (Colum                        |                             |                   |                | SMALL ENTITY |                               | OR         | SMALL ENTITY        |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                | PRESENT<br>EXTRA  | RAT            | Έ            | ADDI-<br>TIONAL<br>FEE        |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                 | **                            |                             | =                 | X\$ 9          | )=           |                               | OR         | X\$18=              |                        |
|   | Independent                                    | *   | Minus                 | ***                           |                             | =                 | X42            | =            |                               | OR         | X84=                |                        |
|   | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEF           | PENDEN                        | CLAIM                       |                   | +140           | )=           |                               | OR         | +280=               |                        |
|   | TOTAL<br>ADDIT, FEE                            |   |                       |                               |                             |                   |                |              |                               | OR         | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                       |                               |                             |                   |                |              |                               |            |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | PREVI                         | HEST<br>BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  | RAT            | Έ            | ADDI-<br>TIONAL<br>FEE        |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                 | **                            |                             | =                 | X\$ 9          | )=           |                               | OR         | X\$18=              |                        |
| ME  | Independent                                    | *   | Minus                 | ***                           |                             | =                 | X42            | =            |                               | OR         | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |                       |                               | CLAIM                       |                   | 1 146          |              |                               |            | +280=               |                        |
|   |  |   |                       |                               |                             |                   | +140           | /=<br>TAL    |                               | OR         | TOTAL               |                        |
|   |  |   |                       |                               |                             |                   |                |              |                               | OR         | ADDIT. FEE          |                        |
|   |  | (Column 1)<br>CLAIMS                      |                       | (Colu                         | mn 2)<br>IEST               | (Column 3)        |                |              |                               |            |                     |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                       | NUM<br>PREVI                  | BER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA  | RAT            | Ε            | ADDI-<br>TIONAL<br>FEE        |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDM   | Total  | *   | Minus                 | **                            |                             | =                 | X\$ 9          | )=           |                               | OR         | X\$18=              |                        |
| AME   | Independent                                    | *   | Minus                 | ***                           |                             | =                 | X42            | =            |                               | OR         | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                       |                               |                             |                   |                |              |                               |            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                       |                               |                             |                   |                |              |                               | OR         | +280=               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                       |                               |                             |                   |                |              |                               |            |                     |                        |
|   | The "Highest Nun                               | nber Previously Pa                        | id For" (Total o      | Independ                      | lent) is the                | highest numbe     | er found in th | e apı        | oropriate box                 | in co      | lumn 1.             |                        |